



464100

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

## 3. Article Addressed to:

R. W. Beckett Corp.  
Attn: Donald Brackenhoff  
P.O. Box 1289  
Elyria, OH 44036-1289

## 4a. Article Number

7099 3400 0000 9587 6849

## 4b. Service Type

- ☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

## 7. Date of Delivery

8/16/01

## 5. Received By: (Print Name)

## 8. Addressee's Address (Only if requested and fee is paid)

## 6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ 1.72
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.50
<b>Total</b>	<b>5.32</b>

Name R. W. Beckett Corp.  
 Attn: Donald Brackenhoff  
 Street P.O. Box 1289  
 City Elyria, OH 44036-1289

PS Form

7099 3400 0000 9587 6849

CHICAGO ILL 60604-9998  
 AUG 18 2001  
 Postmark Here

DS-14-900-05  
 258-85  
 CRS

Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) <b>RALPH J. NESSLA</b> B. Date of Delivery <b>10/14/03</b></p> <p>C. Signature <b>[Signature]</b> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>R. W. Beckett Corp. Attn: Donald Brackenhoff P.O. Box 1289 Elyria, OH 44036-1289</p>		<p><b>OCT 16 2003</b></p> <p><b>SLIDE DELIVERY SECTION</b></p> <p>3. Service-Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) <b>7001 0320 0006 0294 1830</b></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>			

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage \$	<b>1.98</b>
Certified Fee	<b>2.30</b>
Return Receipt Fee (Endorsement Required)	<b>1.75</b>
Restricted Delivery Fee (Endorsement Required)	
Total Post	<b>6.03</b>
<p>Sent To <b>R. W. Beckett Corp.</b>  Street, Apt. or PO Box <b>Attn: Donald Brackenhoff</b>  City, State <b>P.O. Box 1289</b>  <b>Elyria, OH 44036-1289</b></p>	
<p><b>7001 0320 0006 0294 1830</b></p> <p><b>USPO</b></p> <p><b>D. Sheppard SR-63(CRS)</b></p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <u>RAE J. BRACKENHOFF</u> B. Date of Delivery <u>4/27/07</u></p> <p>C. Signature <u>Rae J. Brackenhoff</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 40px;">R. W. Beckett Corp. Attn: Donald Brackenhoff P.O. Box 1289 Elyria, OH 44036-1289</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <u>7001 0320 0005 9027 3395</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, March 2001 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-01M-1424</span></p>	

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

2001 0320 0005 9027 3395

OFFICIAL USE

Postage	\$	1.72	Postmark Here
Certified Fee		2.10	
Return Receipt Fee <small>(Endorsement Required)</small>			
Restricted Delivery Fee <small>(Endorsement Required)</small>		1.50	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>5.32</b>	

Sent To R. W. Beckett Corp.

Attn: Donald Brackenhoff

P.O. Box 1289

Elyria, OH 44036-1289

D. Sheppard  
Re/CRS

PS Form 3800, Jan

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>A. Received by (Please Print Clearly)</p> </div> <div style="width: 35%;"> <p>B. Date of Delivery</p> <p style="font-size: 1.2em; font-weight: bold;">MAR 06 2001</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <p>C. Signature</p> <p><i>[Signature]</i></p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> </div> </div> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p style="margin-left: 20px;">If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">R. W. Beckett Corp. P.O. Box 1289 Elyria, OH 44036-1289</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input checked="" type="checkbox"/> Certified Mail</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Insured Mail</p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> C.O.D.</p> </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7099 3400 0000 9583 5983</p>	
<div style="display: flex; justify-content: space-between;"> <span>PS Form 3811, July 1999</span> <span>Domestic Return Receipt</span> <span>102595-99-M-1789</span> </div>	

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To:

Postage	\$	139
Certified Fee		150
Return Receipt Fee <small>(Endorsement Required)</small>		150
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>4.79</b>

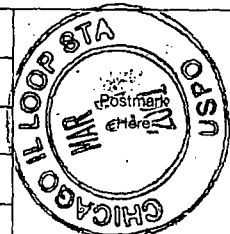
Name (Please Print Clearly) (to be completed by mailer)

Street **R. W. Beckett Corp.**

**P.O. Box 1289**

City, State **Elyria, OH 44036-1289**

**CR5**



E865 E856 0000 0046 6662

PS Form 3800, July 1999
See Reverse for Instructions